

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. E901291

CAL JONES,  
EMPLOYEE

CLAIMANT

SMITH-BLAIR, INC.,  
EMPLOYER

RESPONDENT

PACIFIC EMPLOYERS INSURANCE COMPANY,  
CARRIER

RESPONDENT

OPINION FILED AUGUST 8, 2008

Hearing before Administrative Law Judge Mark Churchwell in  
Texarkana, Miller County, Arkansas.

The claimant was *pro se*.

The respondents were represented by Honorable Nelson Shaw,  
Attorney at Law, Texarkana, Arkansas.

**STATEMENT OF THE CASE**

A hearing was held in the above-styled claim on May 15,  
2008, in Texarkana, Arkansas. A Prehearing Order was  
entered in this case on February 6, 2008. This Prehearing  
Order identified no stipulations but outlined the issues to  
be litigated and resolved at the present time. A copy of  
this Prehearing Order was made Commission's Exhibit No. 1 to  
the hearing record.

By agreement of the parties at the hearing, the issues  
to be litigated and resolved at the present time are limited  
to the following:

1. Whether the claimant's permanent partial  
disability should be rated to the body as a whole.

2. Unpaid medical bills (prescription drugs and pain management).

3. Compensability of reflex sympathetic dystrophy and appropriate benefits.

4. Compensability of depression and appropriate benefits.

5. Future medical treatment as per Dr. Sharma's December 13, 2007, recommendation and January 7, 2008, recommendation.

6. Res judicata.

The testimony and documentary evidence submitted by the parties on May 15, 2008, is contained in a one-volume transcript. In addition, I have "blue-backed" for identification purposes post-hearing correspondence that I received from the parties: (1) Mr. Shaw's objections filed May 22, 2008, to the claimant's documentary exhibits proffered at the May 15, 2008, hearing, (2) the claimant's response, request for additional hearing, and additional proffered documents filed at the Commission on June 4, 2008, (3) the claimant's request that the hearing record be left open and the claimant's proffer of additional documentary evidence on July 16, 2008, and (4) Mr. Shaw's objection to all post-hearing motions by the claimant filed at the Commission on July 18, 2008.

**DISCUSSION****1. Claimant's Request To Submit Additional Evidence.**

Ark. Code Ann. § 11-9-705(c)(1)(A) provides that all oral or documentary evidence shall be presented at the initial hearing on a controverted claim. In order to submit new evidence, the claimant must establish that the new evidence is relevant; that the evidence is not cumulative; that it would change the result of the case; and that the claimant was diligent in presenting the evidence to the Commission. Hargis Transp. v. Chesser, 87 Ark. App. 301, 190 S.W.3d 309 (2004).

In the present case, the Prehearing Order which I filed on February 6, 2008, stated in relevant part that no witness would be allowed to testify unless the name of the witness was furnished to the opposing party at least seven (7) days prior to the scheduled hearing, except with leave of the Commission upon a showing of good cause. In addition, that Prehearing Order indicated that no documents would be allowed into evidence unless exchanged by the parties at least seven (7) days prior to the scheduled hearing, except with leave of the Commission and upon a showing of good cause.

Subsequent to the hearing on May 15, 2008, Mr. Jones filed at the Commission on June 4, 2008, an e-mail printout,

a letter to me from his daughter, various medical reports and letters, and documents from the Social Security Administration. On July 16, 2008, Mr. Jones filed additional e-mails, correspondence, and a handwritten request that I help him obtain a copy of a grievance between the Union, the company, and Mr. Jones before I render a decision in this case. On July 18, 2008, Mr. Shaw filed an objection to keeping the record open or conducting a new hearing.

In the present case, I find that the claimant has failed to establish that he was diligent in providing any of the reports or other correspondence which he mailed to me after the hearing. Specifically, Mr. Jones has failed to establish that any of this documentation was unavailable to him during the lengthy prehearing process in this case. In addition, to the extent that Mr. Jones requests that I withhold a decision until he obtains a copy of a grievance, I have previously explained to Mr. Jones that he has failed to establish that any grievance that he filed against the company when he became injured is relevant to any of the issues identified in the Prehearing Order in this case. The claimant's request to submit the additional evidence which he filed and discussed on June 4, 2008, and on July 16, 2008, is therefore respectfully denied.

**2. The Respondents' Objection To The Claimant's Documentary Evidence Presented At The May 15, 2008, Hearing.**

Mr. Shaw has objected to thirty-four of the claimant's exhibits on the grounds of relevance, *res judicata*, or duplication in the record.

I note that the Arkansas Supreme Court has previously explained in St. Paul Ins. Co. v. Touzin, 267 Ark. 539, 592 S.W.2d 447 (1980):

First, the compensation law provides that the Commission is not bound by technical rules of evidence or procedure, but may "conduct the hearing in a manner as will best ascertain the rights of the parties." [Citation omitted]. Professor Larson discusses at length the cases construing such provisions in workers' compensation statutes. He concludes that the factfinders are expected to adhere to basic rules of fair play, such as recognizing the right of cross examination and the necessity of having all the evidence in the record. On the other hand, a compensation commission undoubtedly has expertise much superior to that of a jury in the weighing of testimony and should therefore be left to determine the probative value of hearsay testimony and other proof that might not be admissible in a court of law. Larson, *Workmen's Compensation Law*, 79.00 and 79.80 79.84 (1976).

In the present case, I certainly agree with Mr. Shaw that much of the correspondence which the claimant submitted into the record at the May 15, 2008, hearing would appear to have little or no relevance to any of the issues identified in my Prehearing Order. However, I respectfully decline to exclude the evidence on a relevance basis. Consistent with

the Court's guidance in Touzin, I have determined the probative value during the course of my evidentiary review.

Mr. Shaw objected to six of the claimant's documentary exhibits on the grounds that Mr. Jones did not provide the documents to Mr. Shaw at least seven days prior to the scheduled hearing. Mr. Shaw's motion to exclude evidence under the seven-day rule is respectfully denied. I note that Mr. Shaw filed pre-hearing objections to the claimant's documentary evidence on the grounds of relevance. My comparison of Mr. Shaw's pre-hearing and post-hearing objections indicates that at least one of the documents which he now claims he never received in advance of the hearing is specifically identified in his May 5 pre-hearing objections. Specifically, Dr. Otero's February 22, 2008, letter is addressed in Mr. Shaw's May 5, 2008, pre-hearing objections, but is also purported to have never been received by Mr. Shaw in his May 22, 2008, post-hearing objections.

In light of Mr. Shaw's filing of abundant objections to the claimant's anticipated documentary evidence prior to the hearing and in light of Mr. Shaw's reference to at least one document in those pre-hearing objections which he later asserts that he had never seen, I am unable to ascertain under these circumstances which, if any, of the claimant's

documentary evidence that the respondents did not receive at least seven days prior to the hearing.

**3. The Claimant's Request For A Permanent Partial Disability Rating To The Body As A Whole And The Respondents' Contention That This Issue Is Res Judicata.**

In White v. Gregg Enterprises, 72 Ark. App. 309, 37 S.W.3d 649 (2001), the Arkansas Court of Appeals summarized the doctrines of res judicata as follows:

*Res judicata* applies where there has been a final adjudication on the merits of the issue by a court of competent jurisdiction on all matters litigated and those matters necessarily within the issue that might have been litigated. *Castleberry v. Elite Lamp Company*, 69 Ark. App. 359, 13 S.W.3d 211 (2000). The doctrine of *res judicata* is applicable to decisions by the Commission. *Castleberry v. Elite Lamp Company, supra*. The doctrine of *res judicata* applies only to final orders or adjudications. *White v. Air Systems, Inc.*, 33 Ark. App. 56, 800 S.W.2d 726 (1990). The filing of a petition for review with the full Commission within thirty days prevents the order of the administrative law judge from becoming final. *White v. Air Systems, supra*. The key question regarding the application of *res judicata* is whether the party against whom the earlier decision is being asserted had a full and fair opportunity to litigate the issue in question. *Castleberry v. Elite Lamp Company, supra*.

In the present case, the claimant sustained a compensable injury to his right upper extremity on December 1, 1998. He received care, including surgeries, from a variety of physicians. On February 24, 2004, Dr. Roshan Sharma assigned the claimant a permanent impairment rating of thirty-four percent (34%) to the right upper extremity,

which equates to a twenty percent (20%) rating to the body as a whole.

Administrative Law Judge J. Mark White held a hearing in this case on July 15, 2004, specifically on the issue of whether the claimant's permanent impairment should be apportioned to the body as a whole or to the right upper extremity alone. ALJ White concluded that the claimant's injury is to his right wrist and arm and is therefore a scheduled injury. ALJ White concluded that the claimant has failed to prove by a preponderance of the evidence that he is entitled to permanent partial disability benefits apportioned to the body as a whole. ALJ White made that finding in an Opinion filed on August 12, 2004.

No appeal was ever filed to ALJ White's August 12, 2004, Opinion. However, on September 10, 2004, one of the claimant's former attorneys, Garnet Norwood, sent ALJ White a medical report from Dr. DeHaan, a Texarkana surgeon, indicating that Mr. Jones' impairment should be considered to the body as a whole because of his dependence on pain medication. By letter dated September 15, 2004, ALJ White advised Mr. Norwood that ALJ White's August 12, 2004, Opinion specifically addressed the issue of whether the permanent impairment rating assigned by Dr. Sharma could be apportioned to the body as a whole.

In the hearing which I conducted on May 15, 2008, Mr. Jones testified that his impairment rating should have been to the body as a whole instead of the arm for the following reason:

Because my whole body is in pain, one side of my body. The main thing about it is that I was going [sic] the job incorrectly, the way he had me to perform, the way they had me doing it, and the job description, and the way the job was supposed to be done, but he had me doing it another way that was improper. (T. 21-22)

For my part, I am aware of no legal authority for apportioning an impairment rating to the whole body because an employee purportedly becomes addicted to pain medication, because the employee purportedly perceives pain on one entire side of his body, or because an employee is performing a job incorrectly when he becomes injured. Moreover, the record before me indicates that the claimant and his attorney had a full and fair opportunity to adjudicate all issues of his impairment rating before Administrative Law Judge White at the hearing conducted on July 15, 2004, and no appeal was ever filed to ALJ White's Opinion and Order filed on August 12, 2004. Consequently, I find that ALJ White's opinion became a final order when no petition for review was filed with the Full Commission in a timely manner. Accordingly, I find that the issue as to whether the claimant is entitled to have his permanent

partial disability benefits apportioned to the body as a whole is *res judicata*. The Commission has previously made a finding, as stated above, that the claimant has failed to prove by a preponderance of the evidence that he is entitled to permanent partial disability benefits apportioned to the body as a whole.

#### **4. Unpaid Medical Bills.**

Mr. Shaw presented documentary evidence at the hearing that the bills of Dr. Sharma, Dr. DeHaan, and Mr. Jones' prescription bills have all been brought up to date.

Mr. Jones also testified that he has approximately \$2,000 in out-of-pocket prescription payments which he has submitted. Mr. Shaw acknowledged that there are unreimbursed prescription medications but Mr. Shaw recalls some of the medications are not related to Mr. Jones' work-related injury. (T. 17) As I pointed out to Mr. Jones during the hearing, when Mr. Jones sent me his packet of documentary material for the hearing on March 18, 2008, Mr. Jones did not submit any documentary evidence at that time in support of a claim for \$2,000 in unreimbursed prescriptions. I am therefore treating that issue as reserved at this time. If the parties are unable to amicably resolve Mr. Jones' unreimbursed prescriptions, Mr. Jones may request a hearing on that issue at a later date.

**5. Compensability Of Reflex Sympathetic Dystrophy And Appropriate Benefits.**

Various medical reports submitted by the claimant reference RSD or reflex sympathetic dystrophy. The claimant contends that he experienced reflex sympathetic dystrophy as a compensable consequence of his work-related wrist injury.

The Arkansas courts have long recognized that when the primary injury is shown to have arisen out of and in the course of employment, the employer is responsible for any natural consequence that flows from that injury. The basic test is whether there is a causal connection between the two episodes. Air Compressor Equipment v. Sword, 69 Ark. App. 162, 11 S.W.3d 1 (2000); Wackenhut Corp. v. Jones, 73 Ark. App. 158, 40 S.W.3d 333 (2001); Jeter v. B.R. McGinty Mech., 62 Ark. App. 53, 968 S.W.2d 645 (1998). Furthermore, a compensable injury must be established by medical evidence, supported by "objective findings." Ark. Code Ann. § 11-9-102(5)(D). Objective findings are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. § 11-9-102(16)(A)(i).

In the present case, the claimant sustained painful ulnastyloid nonunion in the right wrist at work for which Dr. Fraser performed surgery on April 2, 1999. The claimant later received a change of physician to Dr. DeHaan, and he continued to experience right wrist complaints. Dr. DeHaan

diagnosed the claimant with a nonunion ulnastyloid fracture and a congenital ulna positive wrist for which Dr. DeHaan recommended and performed an ulna shortening procedure. Dr. DeHaan performed surgery in November 1999. Mr. Jones has previously been awarded benefits related to both conditions. See Smith-Blair, Inc. v. Jones, \_\_\_ Ark. App., \_\_\_ S.W.3d \_\_\_ (2002).

Mr. Jones submitted into the record of the May 15, 2008, hearing six medical reports which also make reference to reflex sympathetic dystrophy. In a letter addressed "To Whom It May Concern," Dr. Roshan Sharma, a physical medicine specialist, indicated on November 7, 2006, that Dr. Sharma had been treating Mr. Jones for many years, and that Mr. Jones has reflex sympathetic dystrophy of the right upper extremity. On the basis of that letter, compensability of reflex sympathetic dystrophy was made an issue for the present hearing. The respondents have denied that the claimant has sustained compensable reflex sympathetic dystrophy.

In an April 13, 2007, letter addressed to me, Dr. Sharma again indicated that he has followed Mr. Jones for many years and that Mr. Jones "essentially" has reflex sympathetic dystrophy which is a very painful, chronic condition resulting from nerve damage secondary to injury.

In an August 29, 2007, letter addressed "To Whom It May Concern," Dr. DeHaan stated that Mr. Jones developed a reflex sympathetic dystrophy in his wrist but that he has gotten better as far as that condition is concerned and has gone on to develop arthritic changes in the wrist at present.

Dr. DeHaan's April 25, 1999, office note which he prepared approximately two months before the ulna shortening procedure states, "I also think he has a component of possibly some RSD, although this is somewhat stretching things." I have been unable to locate in the record any reference by Dr. DeHaan to reflex sympathetic dystrophy between the time of his August 25, 1999, office note and his August 29, 2007, letter, prepared some eight years later, indicating that Mr. Jones had developed reflex sympathetic dystrophy and later developed arthritis.

The first reference to reflex sympathetic dystrophy that I have found in the reports of Dr. Sharma was prepared on February 24, 2004, when he performed a permanent impairment rating. His permanent impairment rating includes a diagnosis of reflex sympathetic dystrophy, and his summary of prior radiological reports indicates that a bone scan performed on October 30, 1999, contained no strong evidence of reflex sympathetic dystrophy.

Dr. Earl Peeples testified at the May 15, 2008, hearing. Dr. Peeples coincidentally performed an independent medical evaluation of Mr. Jones on April 27, 2004, approximately one month prior to Dr. Sharma's impairment rating evaluation which contained the diagnosis of reflex sympathetic dystrophy. Dr. Peeples testified that during the course of his examination in 2004 he took radiographs for comparison of Mr. Jones' left and right upper extremities and determined that they were symmetrical. (T. 39) Dr. Peeples testified this is not supportive of reflex sympathetic dystrophy, otherwise known as complex regional pain disorder. Dr. Peeples testified that if reflex sympathetic dystrophy had occurred after the two previous surgeries, there would have been plenty of time for an asymmetry to have been indicated on radiographs. (T. 39-40) Dr. Peeples testified that the absence of radiographic changes almost certainly excludes a diagnosis of reflex sympathetic dystrophy. (T. 40)

Dr. Peeples testified that in 2004 he did not detect any atrophy which would have been indicative of reflex sympathetic dystrophy. (T. 41) Dr. Peeples testified that in his 2004 examination of Mr. Jones he did not detect any temperature changes, swelling, trophic changes,

osteoporosis, or hair growth abnormalities indicative of reflex sympathetic dystrophy. (T. 42-45)

After reviewing the entire record, I find that the claimant has failed to establish the existence of his diagnosed reflex sympathetic dystrophy condition by medical evidence supported by objective findings. Because the record fails to establish that Mr. Jones' diagnosed reflex sympathetic dystrophy is supported by objective findings, I find that the claimant has failed to establish by a preponderance of the evidence that he has sustained a compensable reflex sympathetic dystrophy condition.

#### **6. Depression.**

Arkansas Code Annotated § 11-9-113(a) provides:

(a)(1) A mental injury or illness is not a compensable injury unless it is caused by physical injury to the employee's body, and shall not be considered an injury arising out of and in the course of employment or compensable unless it is demonstrated by a preponderance of the evidence...

(2) No mental injury or illness under this section shall be compensable unless it is also diagnosed by a licensed psychiatrist or psychologist and unless the diagnosis of the condition meets the criteria established in the most current issue of the Diagnostic and Statistical Manual of Mental Disorders.

In the present case, Dr. Sharma referred Mr. Jones for depression to Dr. Rafael Otero, Ph.D, on February 20, 2006. Dr. Otero saw Mr. Jones for twenty-eight sessions between April 6, 2006, and February 22, 2008. (C. Exh. 1 p. 46-47)

According to Dr. Otero, Mr. Jones' immediate problem was first seen as pain management, but this was soon followed and replaced almost completely by emotional management. (C. Exh. 1 p. 47)

Dr. Otero took a history, apparently from Mr. Jones, that Mr. Jones felt like his job "messed up my nerves in my hand." Mr. Jones also reported that his left hand was also injured. In his April 13, 2006, psychological evaluation, and in all reports thereafter, Dr. Otero diagnosed Mr. Jones with major depressive disorder and pain disorder due to pinched nerves in each arm. (C. Exh. 1 p. 44, 46, 47, 48, 50)

With regard to Dr. Otero's diagnosis, I note that electrodiagnostic tests performed by Dr. Sharma in June of 2002, over three years after the work-related injury, in fact indicated a pinched nerve/moderate carpal tunnel syndrome on the right, and Mr. Jones may very well be experiencing carpal tunnel syndrome in each hand. However, I respectfully point out that Mr. Jones' work-related injuries are not nerve injuries, but are instead an ulnastyloid nonunion for which he underwent surgery and a congenital ulna positive wrist for which he underwent an ulna shortening procedure. See Smith-Blair, Inc. v. Jones, supra.

Therefore, while Dr. Otero's diagnosis would appear to meet the statutory requirement of a mental injury caused by a physical injury, the physical injuries (pinched nerves in each arm) which Dr. Otero has opined caused Mr. Jones' pain disorder and depression are not Mr. Jones' *work-related* physical injuries. Based on Dr. Otero's repeated diagnosis of depression and pain disorder caused by pinched nerves in each arm, I find that Mr. Jones has failed to establish that his depression and pain disorder were caused by physical injuries sustained at work. I must therefore conclude that the claimant has failed to establish that he sustained a compensable mental injury, and on that basis, I find that the respondents are not liable for the treatment which Dr. Otero has provided.

**7. Future Medical Treatment As Per Dr. Sharma's December 13, 2007, Recommendation And January 7, 2008, Recommendation.**

As discussed previously, in his April 13, 2007, letter addressed to me, Dr. Sharma indicated that he has been following Mr. Jones for many years and that Mr. Jones experiences reflex sympathetic dystrophy of the right upper extremity. (C. Exh. 1 p. 70) In his December 13, 2007, correspondence, Dr. Sharma indicates that Mr. Jones needs pain management, including physical therapy, injections, and pain management classes. (C. Exh. 1 p. 87) In his January

7, 2008, correspondence, Dr. Sharma indicates that he seeks pain management classes at a rate of one per week for twelve weeks and approval of hand splints. (C. Exh. 1 p. 57)

On the record before me, I find for the following reasons that none of the new treatment proposed by Dr. Sharma is reasonably necessary for treatment of the claimant's work-related injuries. First, to the extent that Dr. Sharma appears to be treating Mr. Jones for reflex sympathetic dystrophy, I find credible Dr. Peeples' testimony that Mr. Jones never had reflex sympathetic dystrophy, and I note that even Dr. DeHaan indicated on August 29, 2007, that Mr. Jones' ongoing problems are arthritis and not reflex sympathetic dystrophy. I am therefore at a loss to understand why if both orthopedists have indicated that Mr. Jones does not currently experience symptoms from reflex sympathetic dystrophy, that Dr. Sharma continues to treat Mr. Jones for diagnosed reflex sympathetic dystrophy.

With regard to proposed pain management, I note that Dr. Otero has diagnosed Mr. Jones with depression and pain disorder secondary to pinched nerves in both arms. As indicated previously, Mr. Jones does not have compensable injuries in both arms and Mr. Jones' pinched nerves, if any, are not work-related injuries. Even if pain management

classes would somehow be related to the work-related injuries involving an ulnastyloid nonunion and a congenial ulna positive wrist, a finding which I do not make on this record, I note that Mr. Jones has already undergone psychological treatment, purportedly for pain management, which Dr. Otero has indicated soon followed and was replaced by emotional management. If Dr. Otero's treatment in 2006 could not stay on course to provide Mr. Jones pain management, I fail to understand how Dr. Sharma proposes that additional pain management would succeed in 2008. I likewise fail to see any explanation in this record how proposed injections and splints might be causally related to Mr. Jones' compensable ulnastyloid nonunion and ulna positive wrist injuries sustained in the right wrist in 1998.

I point out that I attempted to provide for Mr. Jones an independent medical evaluation to try and resolve what I perceive as major inconsistencies between the current working diagnoses of Dr. DeHaan (arthritis), Dr. Sharma (reflex sympathetic dystrophy), and Dr. Otero (depression due to pinched nerves in both arms). The claimant strenuously objected through the course of my ordering an independent medical evaluation, and I ultimately cancelled an independent medical evaluation when the respondents did

not timely provide notice to the claimant of the proposed clinical evaluation that I had ordered the respondents to schedule.

By agreement of the parties, I also contacted by fax Dr. DeHaan, Dr. Sharma, and Dr. Otero to determine if any of the doctors would be willing to testify at a deposition in their offices at no expense to Mr. Jones, since Mr. Jones desired testimony from each doctor but indicated that he could not afford their expert witness deposition fees. I received no response from any of the three doctors to my request for information.

Finally, I note that the respondents have brought up to date the medical bills submitted by Dr. DeHaan and Dr. Sharma and have paid Mr. Jones' outstanding prescriptions bills. I understand that there is at present no dispute over the respondents' liability for continued routine follow-up office visits to Dr. DeHaan and Dr. Sharma or in providing Mr. Jones the ongoing prescription medication that he receives.

#### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. On August 12, 2004, Administrative Law Judge J. Mark White found in relevant part that the claimant has failed to prove by a preponderance of the evidence that he is entitled to permanent partial disability benefits

apportioned to the body as a whole. That finding became a final order when no timely appeal was filed. The issue of whether the claimant's permanent partial disability should be rated to the body as a whole is *res judicata*. The claimant is therefore not entitled to have his impairment rating apportioned to the body as a whole.

2. Although originally listed as a hearing issue, the respondents have paid outstanding bills to Dr. DeHaan and Dr. Sharma as well as outstanding prescription medications bills. The issue of any unreimbursed prescription expenses is hereby reserved.

3. The claimant has failed to establish by a preponderance of the evidence that he sustained compensable reflex sympathetic dystrophy. Specifically, the diagnosis of reflex sympathetic dystrophy discussed in various medical records is not supported by objective medical findings.

4. The claimant has failed to establish by a preponderance of the evidence that he has sustained a compensable mental injury. Specifically, Dr. Otero attributes Mr. Jones' depression and pain disorder to pinched nerves in each arm. However, Mr. Jones sustained a work-related injury only in the right arm and that injury does not include a pinched nerve. In light of Dr. Otero's diagnosis, the claimant has failed to establish that his

diagnosed depression and pain disorder were caused by his work-related injury.

5. The claimant has failed to establish by a preponderance of the evidence that the future medical treatment proposed by Dr. Sharma, including physical therapy, injections, pain management classes, or splints is reasonably necessary for treatment of the claimant's compensable injuries which have previously been identified by the Arkansas Court of Appeals as an ulnastyloid nonunion in the right wrist and an aggravation or injury to a congenital ulna positive wrist.

**ORDER**

For the reasons discussed herein, this claim must be, and hereby is, respectfully denied.

IT IS SO ORDERED.

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HONORABLE MARK CHURCHWELL  
Administrative Law Judge